

**DECLARATION AND POWER OF ATTORNEY
(UNASSIGNED NONPROVISIONAL APPLICATION)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

DEVICE FOR FIXING BONES

and for which a patent application:

- ☐ is attached hereto and includes amendment(s) filed on (if applicable)
- ☐ was filed in the United States on as Application No. (for declaration not accompanying application) with amendment(s) filed on (if applicable)
- ☒ was filed as PCT International Application No. PCT/CH2002/000542 on October 1, 2002, and was subsequently assigned United States Application No. 10/529,981, and was amended under PCT Article 19 on (if applicable)

I hereby authorize and request my attorneys at Jones Day to insert herein parentheses (Application No. _____ filed _____) the filing date and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION				
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	FILING DATE

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED
			<input type="checkbox"/>	

POWER OF ATTORNEY: As a named inventor, I hereby appoint Practitioners at Customer Number 51832, all of Jones Day, whose address is 222 East 41st Street, New York, New York 10017 and each of them, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

BEST AVAILABLE COPY

SEND CORRESPONDENCE TO: JONES DAY
222 East 41st Street, New York, New York 10017
PTO Customer No. 51832

DIRECT TELEPHONE CALLS TO:
JONES DAY DOCKETING
212-901-9028

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1-00 2 0 1	FULL NAME OF INVENTOR	LAST NAME <u>Kaup</u>	FIRST NAME <u>Thomas</u>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <u>Basel Davos-Platz</u>	STATE OR FOREIGN COUNTRY <u>Switzerland CHX</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>	
	POST OFFICE ADDRESS	STREET <u>Guggenbachstr. 10</u> <u>Entwerdstrasse 10</u>	CITY <u>Basel Davos-Platz</u>	STATE OR COUNTRY <u>Switzerland</u>	ZIP CODE <u>7270</u> <u>CH-4000</u>
	SIGNATURE OF INVENTOR 201 <i>Thomas Kaup</i>			DATE <u>30.11.2005</u>	
2-00 2 0 2	FULL NAME OF INVENTOR	LAST NAME <u>Munro</u>	FIRST NAME <u>Chad</u>	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY <u>Mabou</u>	STATE OR FOREIGN COUNTRY <u>Canada CAX</u>	COUNTRY OF CITIZENSHIP <u>Canada</u>	
	POST OFFICE ADDRESS	STREET <u>1586 Mabou Harbor Road</u>	CITY <u>Mabou</u>	STATE OR COUNTRY <u>Canada</u>	ZIP CODE <u>B0E1X0</u>
	SIGNATURE OF INVENTOR 202			DATE	
2 0 3	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 203			DATE	
2 0 4	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 204			DATE	
2 0 5	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 205			DATE	

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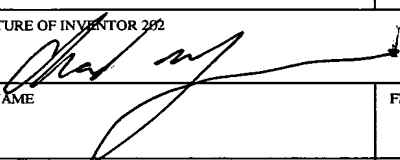
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201	FULL NAME OF INVENTOR	LAST NAME Kaup	FIRST NAME Thomas	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Basel	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	STREET Entwerdstrasse 10	CITY Basel	STATE OR COUNTRY Switzerland	ZIP CODE CH-4000
	SIGNATURE OF INVENTOR 201				DATE
202	FULL NAME OF INVENTOR	LAST NAME Munro	FIRST NAME Chad	MIDDLE NAME <i>Richard.</i>	
	RESIDENCE & CITIZENSHIP	CITY Mabou	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZENSHIP Canada	
	POST OFFICE ADDRESS	STREET 1586 Mabou Harbor Road	CITY Mabou	STATE OR COUNTRY Canada	ZIP CODE B0E1X0
	SIGNATURE OF INVENTOR 202 				DATE <i>Dec 5 / 05</i>
203	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 203				DATE
204	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 204				DATE
205	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	SIGNATURE OF INVENTOR 205				DATE